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Atty Docket No. 017887-004910US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner, Barqadle, Yasin M.

Group Art Unit 2153

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EXAMINER BARQADLE, YASIN M.

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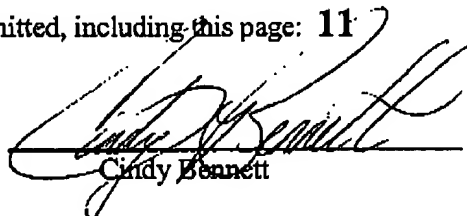
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Document(s) Attached

1. Transmittal Form (1 page); and
2. Amendment (9 pages).

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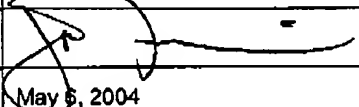
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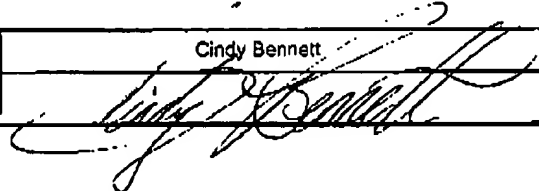
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60210381 v1

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/728,524
		Filing Date	December 1, 2000
		First Named Inventor	Woods, Brian R.
		Art Unit	2153
		Examiner Name	Barqadle, Yasin M.
Total Number of Pages in This Submission	10	Attorney Docket Number	017887-004910US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
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